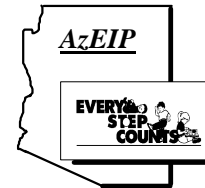


## Chapter 3



# Early Intervention Services

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**3.0.0 Early Intervention Services****3.1.0 Authority:** 20 U.S.C. §§1431, et seq.; 34 C.F.R. Part 303**3.2.0 General Policy**

Early intervention enhances and supports the resources of the family to promote the child's development and participation in family and community life. Early intervention professionals advise and assist families and other care providers in identifying natural learning opportunities that facilitate the child's successful engagement in relationships, activities, routines, and events of everyday life. Early intervention occurs in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child in meeting the expectations of his or her environment. The goal of early intervention is to include children with disabilities and their families in their community, and not to create separate, segregated settings for them.

**3.3.0 Initial Referral****3.3.1 Policy**

1. Any referral source may refer directly to the Arizona Early Intervention Program. Referrals may be made by families, physicians, hospitals, and others in the medical community, schools, childcare providers and other referral sources.
2. All AzEIP personnel, employed or contracted, recognize a single referral date. A referral made to the Department of Economic Security/Division of Developmental Disabilities (DDD) or to the Arizona States Schools for the Deaf and the Blind (ASDB) for a child birth to three years of age is considered a referral to AzEIP. Therefore, the date a referral is received by DDD or ASDB is the date the timeline begins to ensure an eligible child receives an evaluation, assessment, and initial Individualized Family Service Plan (IFSP) meeting within 45 days.
3. A service coordinator is identified for a family upon referral to AzEIP.
4. Upon referral of a child who is 2 years, 10 ½ months to 5 years of age, the AzEIP service providing agency will assist the parent in initiating contact with the appropriate School District of Residence. The procedures outlined in the Child Find Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education must be followed.
5. A referral to AzEIP for a child younger than 2 years, 10 ½ months begins the initial planning process, which may include screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.

**3.3.2 Procedures**

1. Referrals are received in many ways, including, referrals through the online referral system, and by mail, e-mail, and fax.

2. Upon receipt of a referral, the AzEIP service coordinator is identified who will make the initial contact with the family. Contact generally is made by telephone unless the family has specified otherwise and for families without a telephone, by letter.
3. The AzEIP service coordinator contacts the family within two (2) working days of the initial referral to confirm receipt of the referral, briefly describe the purpose of early intervention and the early intervention process, and verify the family's interest in early intervention.
4. The explanation of the purpose of early intervention includes the following concepts:
  - A. Early intervention is functional – teams focus on supporting attainment of outcomes, which families define as meaningful and functional for their family, rather than mastering specific skills outside of the context of the family's routines and priorities.
  - B. Early intervention supports participation in everyday routines and activities– teams focus on enhancing caregivers' confidence and ability to support their children and facilitate learning and engagement in everyday routines and relationships within their community.
  - C. Team support is holistic – each team member contributes his/her expertise to a complete and integrated understanding of the child, recognizing that all areas of a child's development interact and influence each other.
  - D. Team members support each other – members share information to support each other's growth and learning.
5. The AzEIP service coordinator completes a referral letter and sends it to the referral source.
6. If a referral cannot be processed because there is not enough information to contact the family, and reasonable attempts to gather this information from the referral source are unsuccessful, a letter will be sent to the referral source notifying them that the referral will be closed.
7. The AzEIP service coordinator should attempt to contact the family over a two to three week period on different days of the week and at different times of the day. If the family does not have a telephone, other means, such as sending a letter, should be used allowing the family sufficient time to respond.
8. After the initial referral, the AzEIP service coordinator:
  - A. ensures that all initial referral information into the DES-approved database;
  - B. documents all activities and maintains a log in the child's record; and
  - C. may begin completing the Child and Family page of the IFSP, if the family is interested in early intervention.

### **3.4.0 Identification of Children Suspected of Having a Developmental Disability or Delay**

#### **3.4.1 Policy**

1. AzEIP ensures that activities are undertaken to identify whether a child referred to AzEIP is suspected of having a developmental delay or disability.
2. Screening processes are used for children (i) who do not have an established condition or (ii) where an appropriate screening tool was not submitted with the referral. In these instances, an AzEIP-approved screening tool must be used. The approved list of screening tools is available by contacting the DES/AzEIP office and is updated as needed to maintain a current and comprehensive list of tools.
3. Children who are suspected of having a developmental delay or disability, with parental consent, receive a comprehensive, multidisciplinary evaluation to determine eligibility.
4. The multidisciplinary team conducts an evaluation of children suspected of having a developmental delay or disability, determines eligibility for AzEIP, and provides support and information for eligibility determination with DDD and ASDB.
5. For children who are known to have an established condition that makes the child automatically eligible for AzEIP, and with parental consent, a multidisciplinary team is assigned to conduct an evaluation, which consists of reviewing records to document the established condition that makes the child AzEIP eligible and to conduct a comprehensive assessment to support the development of the IFSP. The team must use one broad spectrum tool (norm or criterion referenced) to meet the requirements for assessing a child's present levels of development and to complete the Child Indicators Summary form.

#### **3.4.2 Procedures**

1. The AzEIP service coordinator meets with the family in their home or other location identified by the family within ten (10) business days of the initial referral date to discuss the purpose of early intervention and to explore the priorities and concerns of the family.
2. Information is shared with the family about the expectations for the family's experience in early intervention:
  - A. Families and children maintain their naturally occurring relationships and supports.
  - B. Children participate more actively and meaningfully in the relationships and settings that their families define as a priority.
  - C. Families and caregivers expand their ideas, strategies, and problem-solving skills in order to help their child participate and be successful throughout the day.
3. The AzEIP service coordinator also discusses with the family the AzEIP family cost participation policy. If the family has private insurance, the AzEIP service coordinator discusses with the parent the use of private insurance as a possible source for paying for AzEIP services, including the evaluation. If the family agrees to allow use of its private

- insurance, the AzEIP service coordinator obtains the family's written consent and insurance information.
4. If needed, the AzEIP service coordinator conducts a developmental screening to determine if the child is suspected of having a developmental delay or disability. (If the child has an established condition, a screening tool is not needed.)
  5. If, based on the screening, observation, discussion with the family and review of pertinent medical and/or developmental records available, the child **is not** suspected of having a developmental delay or disability, the AzEIP service coordinator:
    - A. informs the family and other team members that information does not substantiate the need for an evaluation to determine eligibility.
    - B. provides the family with prior written notice, verbally and in writing, indicating that AzEIP will not proceed with an evaluation. The AzEIP service coordinator also provides the family their procedural safeguards, including what to do if they disagree with the decision not to evaluate.
  6. If screening, observation, discussion with the family and/or review of available records indicate that the child **is** suspected of having a developmental delay, the AzEIP service coordinator will describe to the family the evaluation process and their procedural safeguards, including dispute resolution procedures.
  7. If the family is interested in proceeding, the AzEIP service coordinator obtains written consent from the parent to conduct the evaluation.
  8. The AzEIP service coordinator also discusses with the family the option to share information with others, such as with the referral source (e.g., the pediatrician or Child Protective Services). If the family is interested, the AzEIP service coordinator completes the Consent to Share Early Intervention Records and Information form and specifically checks the individuals to whom the family has agreed to share information and the records which they agree to share.
  9. If Child Protective Services is involved with the family of a child and the child is a ward of the state, the AzEIP service coordinator will follow the AzEIP procedures to identify an appropriate representative to act as the child's educational parent under IDEA, Part C. See AzEIP Policies and Procedures, Chapter 7, *Procedural Safeguards*. (The CPS Specialist does not have the authority to sign any consents for a child in early intervention.) The AzEIP service coordinator will communicate activities and next steps with the Child Protective Services specialist when there is appropriate consent from the educational parent.
  10. The AzEIP service coordinator maintains the signed consents in the child's file and ensures the other team members are aware of the information contained in the consents.

11. With appropriate consent, the AzEIP service coordinator obtains pertinent medical, health, developmental, and other records that may support a decision of eligibility and/or IFSP planning.
12. The AzEIP service coordinator notifies one of the core team's multidisciplinary evaluation teams of the child's need for evaluation and shares information about the parent's interests and concerns, developmental screening and observation, available records, and parent's availability for evaluation.
13. The AzEIP service coordinator considers the family's potential eligibility for an ongoing AzEIP service providing agency (DDD or ASDB). If the child is possibly eligible for another AzEIP service providing agency, the AzEIP service coordinator will contact the local representative/AzEIP service coordinator from that AzEIP service providing agency to involve him/her in evaluation planning.

### **3.5.0 Evaluation and Determination of Eligibility**

#### **3.5.1 Policy**

1. DES/AzEIP ensures a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant and toddler with a disability in the State and a family-directed identification of the needs of each family of the infant or toddler to assist appropriately in the development of the infant or toddler.
2. For children who are suspected of having a developmental delay or disability, and with parental consent, the multidisciplinary team conducts an evaluation to determine AzEIP eligibility.
3. Evaluations are conducted by personnel who have been trained to use appropriate methods and procedures and to evaluate/assess children from birth through 36 months.
4. Evaluations are based on informed clinical opinion, and include the following:
  - A. a review of pertinent records related to the child's health status and medical history; and
  - B. an evaluation of child's level of functioning in each of the following developmental areas:
    - (1) cognitive development;
    - (2) physical development, including vision and hearing;
    - (3) communication development;
    - (4) social or emotional development; and
    - (5) adaptive development.

A discipline-specific tool alone may not be used to determine eligibility for early intervention.

5. The multidisciplinary evaluation team conducts an evaluation which must:
  - A. be completed within 45-days of referral to AzEIP;

- B. be comprehensive and multidisciplinary, (at least two or more disciplines);
  - C. use tests and other evaluation materials that are administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible to do so;
  - D. use procedures and materials that are selected and administered so as not to discriminate on the basis of race or culture;
  - E. be based on more than a single procedure as the criterion for determining a child's eligibility; and
  - F. incorporate parental input, including input regarding the child's functional abilities and current level of participation in the settings that the family identifies as natural or normal for the child and family, including home, neighborhood, and community settings in which children without disabilities participate.
6. A family may seek a second opinion on an evaluation outside of AzEIP. AzEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings.
7. Evaluation instruments must be approved by DES/AzEIP. The tools used for the multidisciplinary team's (a) initial determination of AzEIP eligibility; and (b) if needed, re-determination of AzEIP eligibility are available by contacting the DES/AzEIP office and are updated as needed to maintain a current and comprehensive list of tools.
8. The multidisciplinary team ensures that at least one broad spectrum tool (covering all areas of development: physical, cognitive, social-emotional, communication, and adaptive) approved by DES/AzEIP is used for gathering evaluation and assessment information and to complete the Child Indicator Summary form. The approved list of broad spectrum tools are available by contacting the DES/AzEIP office and is updated as needed to maintain a current and comprehensive list of tools.
9. Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.
- A. A child birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
    - (1) physical: fine and/or gross motor and sensory (includes vision and hearing);
    - (2) cognitive;
    - (3) language/communication;
    - (4) social or emotional; or
    - (5) adaptive (self help).
  - B. Established conditions that have a high probability of developmental delay include, but are not limited to:
    - (1) chromosomal abnormalities
    - (2) metabolic disorders
    - (3) hydrocephalus

- (4) neural tube defects (e.g., spinal bifida)
  - (5) intraventricular hemorrhage, Grade III or IV
  - (6) periventricular leukomalacia
  - (7) cerebral palsy
  - (8) significant auditory impairment
  - (9) significant visual impairment
  - (10) failure to thrive/pediatric undernutrition
  - (11) severe attachment disorders
- 
- 10. The determination that a child has an established condition will be based on a diagnosis by a qualified physician or other professional and medical records.
  - 11. The State's definition of an eligible child does not include a child who is "at risk" of having substantial developmental delays if early intervention services are not provided.
  - 12. No single procedure or source of information can be used as the sole criterion for determining a child's eligibility for AzEIP. Children with an established condition that meet the eligibility criteria will have an evaluation to determine the child's developmental status in all areas of development, including vision and hearing.
  - 13. Informed clinical opinion is used in determining every referred child's eligibility for AzEIP and is particularly important if there are no standardized measures or if the standardized procedures used are not appropriate for a given age (such as an infant born prematurely) or developmental area.
  - 14. Eligibility determinations for young infants should be completed based on team consensus on all the information available (social, medical, and assessment information with a focus on quality of function) rather than scores derived from a test.
  - 15. The multidisciplinary team's determination of eligibility for AzEIP and DDD's and/or ASDB's determination of its eligibility should, if at all possible, be made at or near the same time and as quickly as possible during the initial planning process. The AzEIP service coordinator and multidisciplinary team work with DDD and ASDB to determine eligibility for DDD and ASDB before the initial IFSP meeting.
  - 16. AzEIP evaluations support eligibility for an AzEIP service providing agency for children who are AzEIP eligible.
  - 17. DDD and ASDB will assume the AzEIP service providing agency role for children who meet all eligibility criteria for their respective agency. Personnel (or other designees) from DDD and ASDB will determine eligibility for their respective agencies.
  - 18. The AzEIP Team-based Model contractors will assume the AzEIP service providing agency role for children (and their families) who are eligible for AzEIP and not eligible for DDD or ASDB.



**3.5.2 Procedures**

1. A multidisciplinary evaluation team representing two different disciplines conducts the evaluation and supports the simultaneous determination of DDD and ASDB eligibility, as appropriate.
2. The team members use the Initial Evaluation Planning page from the IFSP to gather information about the child and the questions and concerns that the family would like answered during the evaluation process.
3. The multidisciplinary team includes a vision screening as part of the evaluation. If no vision records are available, one of the multidisciplinary team members completes the Vision Screening Checklist. If concerns are noted from the vision screening, the team member discusses with the family the concerns, provides a copy of the checklist, and encourages the family to discuss these concerns with their health care provider and/or a pediatric eye doctor.
4. The multidisciplinary team includes a hearing screening as part of the evaluation. If no hearing records are available or the most recent screening is more than a year old, the AzEIP Team-based model contractor must ensure that a hearing screening (such as an otoacoustic emission (OAE)) is completed for the child utilizing all available resources. The Hearing Screening Tracking form page of the IFSP is completed after the hearing screening documenting the results of the hearing screening.
5. The multidisciplinary evaluation team, the family, and if involved, the AzEIP service providing agency (DDD and ASDB) will review all available information and records, and determine what information is still needed to determine eligibility for AzEIP and, if appropriate, DDD and ASDB.
6. If exceptional circumstances make it impossible to complete the evaluation within 45 days from the initial referral date, the AzEIP service coordinator documents the circumstances in contact notes and in the DES-approved database (reason for delay), and the expected date of completion of the evaluation. Exceptional circumstances are events initiated and/or undertaken by the family, such as a move to a different region or a family member's illness.
7. After the multidisciplinary team completes the evaluation, the AzEIP Eligibility Outcome page of the IFSP and the AzEIP Developmental Evaluation Report are completed. The AzEIP service coordinator sends the two completed forms along with other necessary documentation to the agencies for which the multidisciplinary team recommends eligibility.
8. If the child is determined not eligible for AzEIP or any AzEIP service providing agency, the AzEIP service coordinator:

- A. talks with the family and provides prior written notice using the AzEIP letter of ineligibility indicating that the team has determined that the child has not met the eligibility criteria and explaining the reasons for the determination;
  - B. explores with the family other community resources and activities to assist them in supporting their child; and
  - C. ensures the data is entered, including information required to “close the file” in the database.
9. If the family disagrees with the multidisciplinary evaluation team’s decision of AzEIP eligibility, the family may initiate the dispute resolution process (i.e. filing a complaint, mediation, or request a due process hearing) as described in the Procedural Safeguards for Families Booklet.
10. For children who are determined ineligible for services, the AzEIP service coordinator will assist the family to identify community resources that may interest the family. Community resources may include child care, playgroups, library social time, informal and organized parent-parent support, and workshops through local schools, hospitals, childcare resources and referral, etc.
11. If the child is determined eligible for AzEIP, the AzEIP service coordinator provides the family with prior written notice using the AzEIP letter of eligibility and ensures the family has the Procedural Safeguards for Families booklet.
12. For a child who is eligible for DDD or ASDB, the AzEIP service coordinator uses the IPP to Ongoing Checklist for transferring all documents from the child’s file, not previously sent to DDD/ASDB for eligibility determination, to the ongoing agency as soon as possible before the initial IFSP, and at the latest, at the initial IFSP meeting.
13. The AzEIP service coordinator or designee ensures that evaluation and eligibility data are entered into the database.

### **3.6.0 Assessment**

#### **3.6.1 Policy**

- 1. Assessment is an ongoing process throughout a child’s and family’s time in early intervention that identifies (i) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their child, and (ii) the child’s unique strengths and needs and the services appropriate to meet those needs.
- 2. Assessment procedures will reflect development as an integrated process that is shaped by the dynamic and continuous interaction between biology and experience and consider how the child’s developmental capabilities across domains impact the child’s ability to:
  - A. engage or participate;
  - B. develop social relationships; and
  - C. be independent within the context of their daily routines, activities, and

interactions.

3. An assessment may be conducted if it is:
  - A. family-directed;
  - B. designed to determine the resources, priorities, and concerns of the family and to identify the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child;
  - C. assists to identify the needs of each child's family to appropriately assist in the development of the child;
  - D. conducted by personnel trained to utilize appropriate methods and procedures; and
  - E. based on information provided by the family through a personal interview and incorporate the family's description of their resources, priorities, and concerns related to enhancing the child's development.
4. While assessment occurs throughout early intervention, a formal developmental assessment must be conducted at least annually or more frequently, if needed, to support IFSP planning, to gather information related to IFSP outcomes and, as needed, for transition. The developmental assessment looks at all sources of information, such as parent input, observation, informed clinical opinion, review of records, and covers all areas of development, including vision and hearing. A list of approved assessment tools is available by contacting the DES/AzEIP office and is updated as needed to maintain a current and comprehensive list of tools.

### **3.6.2 Procedures**

1. During the initial planning process, the multidisciplinary team, parents, and if eligible, the AzEIP service coordinators from DDD and/or ASDB review all available information and records and determine what information is still needed to develop the IFSP. The team identifies the best people to gather the information and how it will be gathered.
2. One individual from the multidisciplinary team, working closely with the AzEIP service coordinator (if separate individuals), undertakes the assessment process, which includes:
  - A. facilitating and documenting on-going discussions with the family throughout enrollment about their priorities, resources, and concerns relevant to their child's development. Discussion of family priorities, resources and concerns is voluntary and family-directed;
  - B. gathering information from multiple sources in order to support IFSP development, and once developed, assessing and documenting progress toward IFSP outcomes. Those sources may include:
    - (1) observation of children engaged in spontaneous, child-directed play with caregivers, siblings, and other children;
    - (2) structured, adult-directed play;
    - (3) play with other team members;
    - (4) formal assessment procedures;
    - (5) review of developmental and medical records; and

- (6) family report;
  - C. coordinating with another core team member whose expertise had been identified as a potential need to provide input into assessment; and
  - D. working with the other multidisciplinary evaluation team member to develop a comprehensive, integrated summary of the child's development that will include:
    - (1) a review of pertinent records related to the child's current health status and medical history,
    - (2) evaluation data, and
    - (3) assessment of the unique strengths and needs of the child in each of the following developmental areas:
      - (a) cognitive development;
      - (b) physical development, including vision and hearing;
      - (c) communication development;
      - (d) social-emotional development; and
      - (e) adaptive development.
3. Through conversation with the family, the team members gather and document discussions regarding the concerns the family has related to their child's development and participation in everyday life; what they would like most for their child and family; what their priorities are related to their child and family; and the family's informal and formal support systems.
4. In addition, the team completes the following IFSP pages during the assessment phase the initial planning process:
- A. Family Resources, Priorities, Concerns and Interests Related to Our Child's Development;
  - B. Natural Learning Opportunities – Everyday Family Activities, Settings, and Interactions;
  - C. Health and Medical Status; and
  - D. Summary of Child's Present Levels of Development.

The information for these pages will be completed through conversations and meetings with the family throughout the initial planning process.

5. Throughout the child's enrollment in early intervention, the team continues to document assessment information, including documentation on the IFSP, in coaching logs, progress notes, team conference minutes, etc.

### **3.7.0 Initial Individualized Family Service Plan**

#### **3.7.1 Policy**

1. AzEIP partners with families to understand their unique resources, priorities, concerns, and interests related to their child's development and the activities and settings in which the child and family spend time. The IFSP guides and documents this discovery process and ensures that the role of early intervention in the life of each family is specifically tailored to meet the priorities of each family.

2. The IFSP process focuses on expanding the child's engagement, independence, and success in typical daily activities and routines by building on family and child resources and identifying the necessary services and supports to attain identified outcomes.
3. Family identified outcomes guide the team in designing strategies to support the child's ability to function where the family learns, lives, and plays. The team's knowledge and understanding of the family's outcomes, existing resources, and the child's strengths and interests form the basis for the discussion and determination of supports and services that will support the achievement of the identified outcomes. Therefore, the supports and services are based upon the family's outcomes, not a single team member's opinion/report or a non-IFSP team member.
4. The initial IFSP shall be developed within 45 days of referral to AzEIP.
5. If exceptional circumstances make it impossible to complete the evaluation and assessment in 45 days, documentation of the reason for delay is provided in the child's record and entered into the DES-approved database.
6. As appropriate, an interim IFSP shall be developed for an eligible child where:
  - A. the child has obvious, immediate needs that are identified; and
  - B. the requirements for the timely evaluation and assessment are not circumvented.
7. Within 45 days of the referral to AzEIP, the IFSP team completes the initial IFSP. The IFSP team includes the family, at least one member of the multidisciplinary evaluation team involved in the evaluation, and, if eligible for DDD and/or ASDB, the AzEIP service coordinator from each of those agencies, as appropriate, the persons who will be providing services to the child and family, and any other family members, advocates and other individuals as requested by the family.
8. The IFSP process and the services and supports needed and received by a child who is eligible for AzEIP and the child's family will reflect cooperation, coordination, and collaboration among all agencies providing early intervention services. The IFSP must include the services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.
9. The following are the federal components required in an IFSP:
  - A. Information about the child's present levels of cognitive, physical (including vision, hearing and health status), communication, social or emotional, and self-help/adaptive development;
  - B. With agreement from the family, a statement of the family's resources, priorities, and concerns;
  - C. The outcomes expected to be achieved for the child and family, including the criteria, procedures, and timelines that will be used to determine progress and whether modifications/revisions of the outcomes or services are needed; and

- D. The early intervention services and resources necessary to meet the unique needs of the child and family to achieve those outcomes. For each early intervention service, the IFSP must include:
    - (1) the frequency, intensity, and method of delivering each service;
    - (2) the natural environments in which services will be provided and justification if services are not to be provided in the natural environment;
    - (3) the location of the services; and
    - (4) payment arrangements.
  - E. The projected dates for beginning each service as soon as possible after the IFSP meeting;
  - F. The anticipated duration of those services;
  - G. Other services needed and in place, including the steps to obtain the service;
  - H. The name of the AzEIP service coordinator;
  - I. The steps to be taken to support the transition of the child from early intervention services by age 3 to (i) preschool services under IDEA, Part B to the extent those services are appropriate or (ii) other services that may be available; and
  - J. Signature of the parent, which provides consent for the early intervention services.
10. Early intervention services are set out in the Individuals with Disabilities Education Act, Part C:
- A. Assistive technology
  - B. Audiology
  - C. Family training, counseling, and home visits
  - D. Health services necessary to enable the child to benefit from another early intervention service
  - E. Medical services only for diagnostic or other evaluation purposes
  - F. Nursing
  - G. Nutrition
  - H. Occupational therapy
  - I. Physical therapy
  - J. Psychological services
  - K. Service coordination
  - L. Social work
  - M. Special instruction
  - N. Speech-language pathology
  - O. Transportation and related costs necessary for the child and family to receive an early intervention service
  - P. Vision
11. The IFSP team considers all funding sources for early intervention services prior to using Part C funding. See AzEIP Policies and Procedures, Chapter 9, *Financial Matters*.
12. Early intervention services must, to the maximum extent, be provided in the family's natural environment and contexts. Natural environments are those settings that are natural or normal for the child's peers who have no disabilities.

13. In the rare instance when the outcomes cannot be met in a natural environment, clinic or center-based intervention may be provided on a time-limited basis and only after establishing a plan (detailed on the IFSP justification page) for transitioning intervention into natural settings.
14. The contents of the IFSP must be fully explained to the family and informed written consent from the parent must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services determined by the IFSP team, noted on the IFSP and to which parental consent is obtained must be provided.
15. Part of the initial assessment process includes discussing the Child Indicator process with the family. This process gathers information and data about an eligible child at the child's entry into and exit from early intervention to measure how the early intervention supports and services have helped the child progress developmentally. The information gathered is discussed with the family and recorded on the Child Indicator form.
16. The Child Indicator form is designed to ensure the holistic support to a family and child resulting in the child's improved:
  - A. positive social-emotional skills;
  - B. acquisition and use of knowledge and skills; and
  - C. use of appropriate behaviors to meet his/her needs.
17. While the process is a federal mandate, the Child Indicator process recognizes the philosophy that although a child may be eligible for AzEIP based upon a specific delay or disability, it the IFSP team's responsibility to support the child and family as a whole.
18. How a family is supported in early intervention is also measured through data gathered using the AzEIP family survey. The data gathered from the child indicators and family surveys are reported annually to the United States Department of Education, Office of Special Education Programs (OSEP) in the State's Annual Performance Report.
19. For children who are AzEIP-only eligible, the IFSP team implements a team-based model of service delivery. Each family and child has a core team available for support, which includes: a developmental special instructionist, an occupational therapist, a physical therapist, a service coordinator, and a speech-language pathologist. In addition, the IFSP team may include any of the early intervention services provided in IDEA as needed by the child or family to meet an outcome.
20. While the core team is available to the family, the family is assigned a team lead based on a family's resources, priorities, and concerns. The team lead is the primary contact with the AzEIP service coordinator to ensure information sharing and synthesis among all team members. The team lead may be any of the core team members except for a dedicated service coordinator.

### 3.7.2 Procedures

1. Within 45 days of the referral to AzEIP, the IFSP team *completes* the initial IFSP.
2. The AzEIP service coordinator schedules the IFSP meeting with the family and, if the child is also eligible for DDD or ASDB, the DDD or ASDB service coordinator. The AzEIP service coordinator sends the family a written meeting notice with the agreed-upon date, time, and location of the meeting.
3. At the initial IFSP meeting of a child eligible for DDD or ASDB, the AzEIP service coordinator from DDD or ASDB facilitates this initial IFSP meeting and documents the planning on the IFSP form. If the child is AzEIP-only eligible, the AzEIP service coordinator facilitates the meeting and documents the team's planning on the IFSP form. Facilitation includes ensuring that everyone on the team has a voice in the discussion.
4. One of the multidisciplinary evaluation team members attends the IFSP meeting and provides information gathered during the initial planning process.
5. The AzEIP service coordinator reviews with the family and the other IFSP team members, the family's identified priorities, resources, concerns, and interests related to the child's development, and the team assists the family in identifying additions or changes.
6. The IFSP team also reviews the integrated summary of the child's present levels of development, and together, support the family in identifying meaningful, functional outcomes for their family and child.
7. In supporting the family to identify functional outcomes for their child and family, the AzEIP service coordinator discusses the family's priorities and concerns to help the family determine their outcomes. The outcomes should be meaningful to the family, written in terms understandable to the family, and should support the child's activities and participation in the family's routines and activities.
8. The team also asks the family about what is currently happening related to this outcome and what has worked and not worked for them in the past. Using this information, the entire team, together, develops strategies, including activities, settings and the people who will help the family accomplish the outcomes.
9. The IFSP team then identifies the natural support systems and existing natural learning opportunities, strategies, and resources related to accomplishing the outcome based on the family's routines and priorities.
10. In discussing the Natural Learning Opportunities page, the AzEIP service coordinator asks the family about what happens throughout the day and how their child interacts with the family and others during these everyday activities.

Ex. Activities that the family might share are: outings to the park, grocery store or for ice



- cream; routines in their daily schedule (such as bath and mealtimes); activities and toys that their child really enjoys (e.g., music or blowing bubbles); and interactions with people throughout the day (loves to play with big brother, has a favorite teacher at child care, spends weekends with grandpa).
11. Through the discussion, the IFSP team gathers information about what routines, activities, and environments are enjoyable and/or challenging for the child and family to assist the IFSP team in identifying current and potential options to provide support within the context of the child's natural environment. Examples of activities in natural environments include going to the park, visiting relatives, going shopping, playing at home, participating in children's events at libraries and attending child care.
  12. When the team is considering natural settings of the family, they may consider playgroups organized in the community for all children, such as library groups, tumble tots, Early Head Start play groups, etc., depending upon the purpose and proportion of children with disabilities. However, playgroups that consist mainly of children with disabilities are not a natural environment.
  13. The IFSP team identifies the type and frequency of the other early intervention services needed to support the attainment of outcomes.
  14. When identifying appropriate early intervention services, the IFSP team considers multiple factors, including: outcomes identified by the family, interests of the child; the need for technical assistance; and support expressed by the family.
  15. The IFSP team also determines what the Planned Start Date of each service will be and documents the date on the IFSP Supports and Services page.
  16. The community resources identified and/or existing for the family are noted in the "Other Needed Services" section of the IFSP.
  17. The AzEIP service coordinator, in coordination with other team members, discuss all possible funding sources for the services, recognizing AzEIP as the payor of last resort. The AzEIP service coordinator also discusses the AzEIP Family Cost participation policy and assists, as requested, the family with determining their potential percent to pay based on the family cost participation policy. See Chapter 9, Financial Matters for additional policies and procedures on Family Cost Participation.
  18. The AzEIP service coordinator ensures as appropriate, that all resources available to the family for services are utilized such as:
    - A. private insurance: the AzEIP service coordinator explains to the family about its use for services and accesses it with the family's signed, written consent;
    - B. AHCCCS: the AzEIP service coordinator follows the AzEIP – AHCCCS protocol for using AHCCCS as a funding source for services when the family has AHCCCS insurance;
    - C. Comprehensive Medical and Dental Program (CMDP): the AzEIP service

- coordinator accesses CMDP to pay for services when the child is in foster care; and/or
- D. other resources as identified by the team. If community resources or private/public insurance are not available for the services needed to meet the family's outcomes, then AzEIP may be the funding source, subject to the Family Cost Participation policy (see Chapter 9).
19. The AzEIP service coordinator facilitates the conversation with the family about transition in order to outline steps during the child's time in early intervention to support the family and ensure that they have sufficient information to make an informed decision about what they would like for their child when s/he turns three years of age.
20. The AzEIP service coordinator explains the family's procedural safeguards and provides a written description (the Procedural Safeguards for Families Booklet). For example, the AzEIP service coordinator explains that signature of the IFSP is the family's consent to initiate services and explains what the family's rights are if they disagree with decisions and what their options are for accepting/declining services.
21. The AzEIP service coordinator facilitates discussion and completion of the entry rating for the Child Indicator Summary form along with IFSP team, which includes the family, for all eligible children. The AzEIP service coordinator then submits copies of the Child Indicator Summary forms to DES/AzEIP on at least a monthly basis.
22. The AzEIP service coordinator:
- A. Ensures that IFSP team members, including the parents, have a copy of the IFSP within a reasonable time after the development of the IFSP, and the distribution is documented in the Record Access and Release log of the child's file.
  - B. Sends the IFSP to other individuals to whom the parent has consented to the sharing, such as the pediatrician, Healthy Families, Early Head Start, or Child Protective Services.
  - C. Or another individual designated to enter data, enters all IFSP data as directed by DES/AzEIP into the DES-approved database.
23. In addition to the above requirements, the AzEIP service coordinator maintains the IFSP and all other early intervention records in the child's file as confidential in accordance with the Family Education Rights and Privacy Act (FERPA).
24. For children who are served by the Team-Based model contractor (eligible for AzEIP-only), the following activities apply:
- A. During the initial IFSP meeting and based on the entire review of information, the team designates the core team member who will be the team lead for each family of an eligible child. The determination of team lead may not be based solely on an area of developmental delay or disability, but should include other variables, such as the family's interests, priorities and routines.

Ex. If after the evaluation and assessment, the family expresses concerns about their

child's participation in the neighborhood childcare setting, the team may designate the developmental special instructionist as the team lead who has a particular expertise in working with childcare centers and/or a relationship with that center.

- B. The IFSP team may determine that the team lead should change with the family's priorities, but change of the team lead should be infrequent, such as when a family member requests a change due to a personality conflict or when the parent and/or team lead believes that even with assistance from other team members, he or she is ineffective in supporting the family.
- C. The IFSP team also determines whether joint visits are needed from other core team members or other early intervention service providers to meet the child and family outcomes. The AzEIP service coordinator documents the decisions for services, including how the services are to be provided on the Supports and Services page of the IFSP.
- D. A family may receive any of the IDEA, Part C services as determined by the IFSP team as needed to meet the child's and family's outcomes.

### **3.8.0 Implementation of the Individualized Family Service Plan**

#### **3.8.1 Policy**

1. In implementing early intervention services, the IFSP team members and the family/care providers, identify, model, evaluate, and adjust strategies that support the family and child in achieving IFSP functional outcomes within and across the family, community, and early childhood contexts, which are part of the family's everyday life. Those strategies may change during a home visit with the family, as needed, and the IFSP members and family formulate new strategies for meeting the outcomes on the visit.
2. The role of the IFSP team members in supporting infants and toddlers and their families:
  - A. considers the natural environments, family routines, and activity settings in which the child could, should, or would like to participate and that are the context for attainment of IFSP functional outcomes;
  - B. identifies both planned and spontaneous interest-based learning opportunities that do or could occur within these activity settings; and
  - C. assists the family and other caregivers to use these learning opportunities to lead to desired skills and behaviors.
3. Joint visits by team members are an important component of early intervention and the benefits of such visits include:
  - A. families can explain their concerns once, versus having to repeat their story to different people on different days;
  - B. team members can strategize with the family together, incorporating the family's goals with each member's professional expertise;
  - C. team members can learn from each other as expertise is shared with the family; and
  - D. a joint plan of strategies can be created during the visit.

4. The AzEIP service coordinator helps the family build a resource network to support the family on an ongoing basis by helping the family identify and access community resources and assistance. These discussions may include:
  - A. Asking whether a family was successful in applying for Supplemental Security Income (SSI) or WIC, and if they need further assistance.
  - B. Identifying new circumstances for the family, such as interest in the child's participation in swimming lessons or activities with other children in their neighborhood.
  - C. Assisting the family to find information about existing community resources, such as swim classes, the cost, and possible tuition support through community organizations such as the YMCA.
5. If a child becomes a ward of the state while enrolled in early intervention, the AzEIP service coordinator follows the AzEIP policies and procedures to identify an appropriate representative to act as the child's educational parent under IDEA, Part C. See Chapter 7 of the AzEIP Policies and Procedures, *Procedural Safeguards*.
6. The AzEIP service coordinator is responsible for ensuring that all early intervention services on the family's IFSP are timely. An early intervention service is timely if it begins on or before the planned start date on the IFSP, but no later than 45 days from the date the family consents to the service (i.e., signs the IFSP), unless the service has a planned start date greater than 45 days from the date of the IFSP. In these instances, the service is timely if it starts on or before the Planned Start Date.
7. A periodic review of the IFSP must be conducted every six months or more frequently if the family requests in order to determine: (i) the degree to which progress is being made towards achieving the outcomes; and (ii) whether modifications or revisions of outcomes or services are necessary.
8. An annual IFSP meeting must be held to evaluate the IFSP. The IFSP is revised, as necessary, based on information from ongoing assessments and any other information from the IFSP team. IFSP meetings must:
  - A. Be held in settings and at times that are convenient to families;
  - B. Be conducted in the native language of the family or other mode of communication used by the family; and
  - C. Be arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
9. If a person directly involved in conducting the assessment is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:
  - A. Participating in a telephone conference call;
  - B. Having a knowledgeable authorized representative attend the meeting; or
  - C. Make pertinent records available at the meeting, such as a quarterly report.

10. Where a licensed professional seeks reimbursement for IFSP services from public or private insurance, the professionals shall prepare and maintain the appropriate paperwork necessary to seek such reimbursement.
11. The AzEIP Team-Based Model contractor (AzEIP-only) implement a team lead and coaching approach for the families and children served.

### **3.8.2 Procedures**

1. After the initial IFSP is completed, the AzEIP service coordinator is responsible for ensuring that the child and family receive the early intervention services designated on the IFSP in a timely manner as defined by the “Planned Start Date” on the IFSP. The AzEIP service coordinator should be in regular contact with the family to ask whether each IFSP service has started, whether the family is satisfied with the service, and whether there are additional needs of the family.
2. The AzEIP service coordinator assists the family with identifying and/or facilitating application for/access to other community activities and resources of interest to the family, such as Early Head Start, health insurance, and Supplemental Security Income. AzEIP service coordinators connect families to parent information and outreach and/or advocacy organizations for support and information. The community resources identified and/or existing for the family are those noted in the “Other Needed Services” section of the IFSP.
3. The AzEIP service coordinator has regular contact with the family to ensure that early intervention services are provided as planned, determine the need to reconvene the IFSP team to discuss new outcomes or changes in services, etc and/or to ensure that the family established access to resources (such as Women, Infants and Children (WIC), Early Head Start, etc.) previously identified and to discuss any new resources that the family might need.
4. The IFSP team reviews the IFSP for each child and the child’s family every six months or more frequently if conditions warrant, or if an IFSP team member or the family requests a review. Changes must be documented and dated on the IFSP form. The review looks at the progress being made on the outcomes and determines whether modifications or revisions of the outcomes and/or supports and services are needed. At the IFSP review, the team considers:
  - A. the degree to which progress toward achieving the outcomes is being made; and
  - B. whether modification or revision of the outcomes and/or supports and services is necessary.
5. A new IFSP (using a blank IFSP form) is developed annually. For the annual IFSP, information from ongoing assessment must include all areas of development, including vision and hearing.
6. The AzEIP service coordinator explains and provides the AzEIP family survey to the family at each annual IFSP and at transition from early intervention. The demographics at the top of the survey are completed by the AzEIP service coordinator prior to providing the

survey (with a postage prepaid envelope) to the family.

7. In addition to fulfilling the requirements listed in 1-6 above, the AzEIP Team-Based Model contractors implements the following:
  - A. The five elements of coaching while working with the family: joint planning, observation, action/practice, reflection, and feedback.
  - B. Through ongoing coaching activities, the family and team lead may identify the need to involve other core team members to help understand and address new questions and offer new strategies and perspectives. The involvement of the other core team member(s), including the AzEIP service coordinator, should be coordinated by the team lead and designed to support the team lead and family in their continued progress toward IFSP outcomes.
  - C. The team lead synthesizes information about all areas of the child's development and integrates strategies from all team members to address the outcomes and ensure that early intervention is meaningful and functional for families.
  - D. The involvement of other core team members with the team lead may take place through:
    - (1) joint visits,
    - (2) a joint conference call,
    - (3) regularly scheduled team conferencing meetings, to which the family is invited to participate for the portion related to their family and child, or
    - (4) separate visits with the family by another core team member. If a separate visit occurs, the other core team member informs the team lead of information shared with the family as soon as possible after that visit so that the team lead has the information before his/her next contact with the family.
  - E. The IFSP reflects the team's decision regarding the role that other team members have in supporting the parents, caregivers and the team lead.
  - F. The team lead synthesizes information about all areas of the child's development and integrates strategies from all team members to address the family's outcomes at scheduled visits. The team lead also ensures that early intervention is meaningful and functional for families through use of the coaching elements with the family.
  - G. At least once a quarter, the core team reviews progress on the IFSP outcomes and the strategies being used to support the family. Based on information shared and discussed by the team, the team lead completes the quarterly integrated summary of the IFSP team's activities related to the child and family's outcomes.
  - H. The core team members will review the status of IFSP outcomes and early intervention activities of all families served by the team on at least a quarterly basis. The family will be invited to the team conferencing meeting for their family. The team will accommodate family participation by phone or other means to ensure it is convenient for the family.
  - I. The AzEIP service coordinator in the team-based model has monthly contact with families.

**3.9.0 Eligibility Considerations After the Implementation of the Initial IFSP****3.9.1 Policy****3.9.2 Subsequent Eligibility for Other AzEIP Service Providing Agency**

1. If during implementation of the IFSP, the IFSP team determines that the child may be eligible for either DDD or ASDB, the AzEIP service coordinator is responsible for coordinating the determination of eligibility with DDD or ASDB.
2. If the child is determined eligible for DDD or ASDB, the AzEIP service coordinator transitions the family in the least disruptive means to ensure the continued provision of supports and services for the child and family by DDD or ASDB. The AzEIP service coordinator sends a copy of the child's complete file to DDD or ASDB within two days of DDD or ASDB's determination of eligibility.

**3.9.3 Re-determination of Eligibility**

1. If, based on ongoing assessment, the IFSP team suspects that a child is functioning at or near appropriate developmental levels, the AzEIP service coordinator, along with the IFSP team, will discuss how the child is functioning within the family. At this time, the family may decide that they no longer want to continue with early intervention services.
2. If the family disagrees with the IFSP team regarding how the child is functioning, the AzEIP service coordinator will plan and coordinate a multidisciplinary evaluation to determine whether the child continues to be eligible for AzEIP. The AzEIP service coordinator ensures there is a current consent to evaluate form in the child's file. All requirements of an evaluation must be met, and the multidisciplinary team is responsible for ensuring the appropriate documentation of the evaluation.
3. If the family decides to end early intervention services or the child is found after re-evaluation to no longer meet AzEIP eligibility criteria, the AzEIP service coordinator implements all the required AzEIP procedures, such as Prior Written Notice and the family's procedural safeguards, to inform the family of the findings and support the family in identifying other community resources, as appropriate.
4. The IFSP team, along with the family, completes the exit rating on the Child Indicator Summary form.
5. The AzEIP service coordinator also:
  - A. documents the team's decision on an eligibility outcome form with the date and then places in the child's file, along with the supporting document;
  - B. provides the family with an AzEIP Family Survey; and
  - C. ensures the child's record is closed in the DES-approved database.